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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 31 1948
Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 42085
Registrar's No. 2815

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4700 Reavis Barracks Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 47 00 Reavis Bks. Road Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Jutzi
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward Jutzi
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 6 (Day) 1872 (Year)
8. AGE: Years 72 Months 9 Days 26 If less than one day hr. min.
9. Birthplace Chester (City, town, or county) Illinois (State or foreign country)
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name Edward Lauterjung
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Anna Gilster
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Frieda A. Werner
(b) Address 4700 Reavis Bks. Rd. Lemay 23, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4-1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Luth Cem.
18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway
19. (a) 12-3-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~November~~ December day 2 year 1948 hour 3 minute A. M.
21. I hereby certify that I attended the deceased from Jan 21, 1945, to Dec 2, 1948, that I last saw her alive on Nov 28, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage (apoplexy)	4 days
Due to Arteriosclerosis	Chronic
Due to 93d	
Other conditions (Include pregnancy within 3 months of death) Chronic Nephritis	Chronic

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. ~~or other~~)
Address 7702 Reavis Date signed 12/3/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. C. Dripps

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.